

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-003565

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

666

STATE FILE NUMBER

FILED JAN 19 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis, Mo.

Length of stay in 1b

3 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

St. Louis State Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR  
TOWN

Kirkwood

d. STREET  
ADDRESS

(If outside, give location)

402 Lee Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

EDGAR

Middle

D.

Last

CALDWELL

4. DATE

OF  
DEATH

Month

Jan.

Day

14,

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-18-80

## 9. AGE (last birthday)

81 yrs.

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

formerly: Carpenter

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

## 11. BIRTHPLACE (City and state or country)

Mt. Vernon, Indiana

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

James Caldwell

## 13b. MOTHER'S MAIDEN NAME

Amanda (Jones)

## 14. NAME OF HUSBAND OR WIFE

Emma Caldwell, Dec'd.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no.

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mo.

Mrs. Zelpha Hogan, 1443 Craig Dr., Kirkwood.

## 18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) Median bar obstruction

DUE TO (c)

609x

INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a) Partial large bowel obstructionPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

Generalized Arteriosclerosis

19. WAS AUTOPSY  
PERFORMED?YES ☒ NO ☐

## 20a. ACCIDENT

## 20b. SUICIDE

## 20c. HOMICIDE

☐ ☐ ☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20f. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☐20g. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

10-14-61

to 1-14-62

and last saw him alive on

1-14-62

Death occurred at

Anna Hyman, M.D.

1:45

P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

5400 Arsenal St.

## 22c. DATE SIGNED

1-15-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

1/16/62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

## 23d. LOCATION (City, town, or county)

Kirkwood, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Louis H. Bopp, Inc., Kirkwood, Mo.

## 25. DATE RECD. BY LOCAL REG.

JAN 16 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4572

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.